

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9427</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>William W. Niesman</u> P.O. Box Bldg Room No. if any <u>330</u> Street <u>4415 W HARRISON</u> City <u>Hillside</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>	4 Name, file number, and address of labor organization Name <u>Local 9 IBEW</u> Labor Organization File Number <u>015919</u> P.O. Box Building and Room Number if any <u>330</u> Street <u>4415 W HARRISON</u> City <u>Hillside</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>
5 Position in labor organization <u>Ass. Bus. Mgr.</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William W. Niesman

On 8/12/05
Date

708 449-9000
Telephone Number

Name of Person Filing

William W. Niesman

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name TED Disabato

Trade Name if any Clark & Assoc.

P O Box Bldg Room No if any

Street 333 W Wacker

City Chicago

State IL

ZIP Code + 4 60606

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Line Clearance Benefit & Pension Fund

Trade Name if any

P O Box Bldg Room No if any

Street 6525 Centurion Dr

City Lansing

State MI

ZIP Code + 4 48917

11 a Nature of such dealing

Investment Consultant

11 b Approximate dollar value of such dealing.

34,500

12 a Nature of interest held or income received

Dinner following Line Clearance
Membership Meeting

12 b Amount

35.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

13 b Is the Business an Employer ☐or Consultant ☐

?

14 a Nature of payment

14 b Amount of payment

Name of Person Filing William W. NiesmanFile Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Kelly MurrelTrade Name if any Qualified Plans Con. Inc.P O Box Bldg Room No if any Street 3013 S. Wolf RdCity WestchesterState IL ZIP Code + 4 60154

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LCTT Health + Welfare FundTrade Name if any TIC- InternationalP O Box Bldg Room No if any Street 6525 Centurion DrCity LANSINGState MI ZIP Code + 4 48917

11 a Nature of such dealing

~~HEALTH + WELFARE CONSULTANT~~
Health + Welfare Consultant

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

CHRISTMAS LUNCH
12/13/04

12 b Amount.

APPROX 60.00

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

William W. Nierman

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Robert E. Fitzgerald

Trade Name if any

P O Box Bldg Room No if any

Street 714 W Burlington

City LAGRANGE

State IL

ZIP Code + 4

60525

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Robert E. Fitzgerald

Trade Name if any

P O Box Bldg Room No if any

Street 714 W Burlington

City LAGRANGE

State IL

ZIP Code + 4

60525

11 a Nature of such dealing

UNION ATTORNEY

11 b Approximate dollar value of such dealing

35000

12 a Nature of interest held or income received

CHRISTMAS GIFT 12/04

12 b Amount

67.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing William W. Niceman

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Middle States Elec Cont ASS

Trade Name if any

P O Box Bldg Room No if any

Street 245 Fencil LnCity HillsideState IL ZIP Code + 4 60162

9 Business deals with

☐ a Labor Organization☐ b Trust☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Middle States Elec Cont ASS

Trade Name if any

P O Box Bldg Room No if any

Street 245 Fencil LnCity HillsideState IL ZIP Code + 4 60162

11 a Nature of such dealing

Middle States CONTRACTORS ASS

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

Christmas Dinner 12/4/04

12 b Amount

approx 500⁰⁰

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment